

DEPARTMENTAL COMPETITIVE ANNOUNCEMENT APPLICATION

(Rev. 02/2006)

Internal Recruitment for State Civil Service Positions



DEPARTMENT OF TRANSPORTATION

GENERAL INSTRUCTIONS: Please type or print legibly in ink.

The information you provide will be used to determine whether you qualify for the job(s) for which you are applying.

- Before applying, read the job requirements described in the **Departmental Competitive Announcement** carefully to determine if you qualify for the job.
- Any additional required forms described in the **Departmental Competitive Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and accompanying material are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. _____

JOB TITLE(S) APPLYING FOR

2. _____

RECRUITMENT NUMBER(S)

3. NAME: _____

Last First Middle

MAILING

4. ADDRESS: _____

P.O. Box or Street Address

City State Zip Code

5. PHONE NUMBER: _____

Home Other

6. SOCIAL SECURITY NUMBER: _____

7. CITIZENSHIP STATUS. Place a check in the appropriate block:

- A. ☐ Citizen of the U.S.
B. ☐ National of the U.S.
C. ☐ Permanent Resident Alien of the U.S.
D. ☐ Other - Non-citizen of the U.S.

Are you authorized under federal law to work in the U.S. without restrictions? ☐ Yes ☐ No Type of Visa _____

8. CERTIFICATE OF APPLICANT

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

_____ Date

_____ Original Signature of Applicant

9. For Use By Human Resources Office Only:

Member of the Civil Service ☐ Yes ☐ No

Qualified Exempt Employee ☐ Yes ☐ No

☐ Accept _____

☐ Reject _____

☐ Comments _____

DEPARTMENTAL COMPETITIVE ANNOUNCEMENT APPLICATION

Information requested in items 10 through 14 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment. The information on this page will not be released to persons involved in the appointment process.

10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

- A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? ☐ YES ☐ NO
- B) Separated from military service under conditions other than honorable? ☐ YES ☐ NO

(If you answer "Yes" to question 10A or 10B, please indicate in item #14 below, the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. CONVICTION OF A VIOLATION OF LAW

- A) Have you been convicted of a violation of law? ☐ YES ☐ NO

Report state, federal, military, international and other convictions.

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #14 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

- B) Within the past three years, have you been convicted of any offense related to controlled substances? ☐ YES ☐ NO

- C) Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence? ☐ YES ☐ NO

(If you answer "Yes" to question 11A, 11B, or 11C, indicate in item #14 below, the date, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

12. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? ☐ YES ☐ NO

(If you answer "Yes," please indicate in item #14 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

13. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? ☐ YES ☐ NO

14. USE THIS SPACE TO EXPLAIN ANY "YES" ANSWERS TO THE QUESTIONS ABOVE.

DEPARTMENTAL COMPETITIVE ANNOUNCEMENT APPLICATION EDUCATION AND EMPLOYMENT HISTORY

1. RECRUITMENT NUMBER(S): _____ 2. JOB TITLE(S) _____

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements in the Class Specifications. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where it is a bona fide occupational qualification. The federal laws apply to all forms of employment decisions and actions, including pre-employment inquiries. The State of Hawaii is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME:

Other names used Last First Middle
(including maiden name) _____

MAILING

4. ADDRESS:

P.O. Box or Street Address

City State Zip Code

5. PHONE NO.:

Home Other

6. SOCIAL SECURITY NUMBER:

7. EDUCATION: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)

Highest Grade Level Completed

Date of Graduation (Month/Year)

B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received	Date Received
		Semester	Quarter		

8. OTHER QUALIFICATIONS

A. LICENSE OR CERTIFICATE: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a copy or present for verification.*

B. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

C. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

**DO NOT
WRITE IN
THIS
SPACE**

DEPARTMENTAL COMPETITIVE ANNOUNCEMENT APPLICATION

9. EXPERIENCE: Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. The information you submit on this form may be verified.

Please complete this section even if you are attaching a resume or other attachments.

Your Present or Last Position	Employer _____ Address _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ <div style="text-align: center; font-size: small;">Month Year</div> To: _____ <div style="text-align: center; font-size: small;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
	Employer _____ Address _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ <div style="text-align: center; font-size: small;">Month Year</div> To: _____ <div style="text-align: center; font-size: small;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
	Employer _____ Address _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ <div style="text-align: center; font-size: small;">Month Year</div> To: _____ <div style="text-align: center; font-size: small;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
	Employer _____ Address _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ <div style="text-align: center; font-size: small;">Month Year</div> To: _____ <div style="text-align: center; font-size: small;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____